# CONFERENCE ON AUTOMATED MULTIPHASIC HEALTH SCREENING*

## Discussion of the Role of Paramedical Personnel

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EDWARD HARVEY ESTES. We should like Dr. Warshaw to ask the first question.

LEON J. WARSHAW. I should like to precede any question with a comment about a remark which I think reflects some of the problems that we are facing in acceptance of screening clinics. In introducing this portion of the program, our general conference chairman let slip—and I am sure it was a slip—a phrase which led me to reach out and hold Leo Gitman in his chair.

The phrase was "assembly-line medicine." This is one of the problems or misconceptions confronting the whole idea of automated multiphasic screening. It presents a picture of automatons moving in lockstep down a corridor, where gadgets come out and poke them as in an automated assembly line. From the presentations made by the panel this afternoon, this is hardly descriptive of the kind of care that is being offered in these clinics. I think we have to be careful both in our choice of language and in our thinking with respect to this new form of medicine.

Dr. Estes, in describing your physician's assistants, you indicate that such individuals really do many of the diagnostic procedures that doctors do, namely, parts of the physical examination. You teach these assistants to use the stethoscope and to palpate an abdomen. It is my understanding that their training may be more concentrated and more persistent than that which most of us get as medical students. Since they

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practice these skills under supervision over a longer period of time, their skill in this area could approach that of the physician.

My concern is this: if we delegate this type of activity to the physician's assistant, what is going to happen to our own skills? Will they atrophy, and shall we have trouble remembering what a murmur sounds like, or what an abdominal mass feels like?

DR. ESTES. The question is a good one, but I doubt that this would occur. Our men are intensively trained; they are trained to work with and under the supervision of a physician at all times. They can do parts of the physical examination, or even the complete physical examination. The skills are developed by examining a constant stream of patients under constant supervision by their physician-employer. In this manner they eventually develop skills which are comparable to those of the physician, but the physician is also constantly exercising his skills. In view of the skill of such assistants, what is the reason for the lengthy education that the physician receives? Why train him for 10 or 12 years, if it can be done in two?

The answer is that we are training the physician to look ahead and prepare himself for the next breakthroughs, and to remain the team leader. The physician must make the medical decisions and must guide and supervise his assistant. I do not think that this will result in any atrophy of the physician's skills. We have not seen any signs of such a development yet.

DR. WARSHAW. I am reassured.

DR. ESTES. We might turn to other panelists and see if they have questions.

MIRIAM GUIDA. I had a question for Miss Brogan about the periodic health examinations done by her nurses. Are they done solely on a voluntary basis, or do you have mandatory health examinations for these employees?

MILDRED BROGAN. The program of voluntary periodic examinations that I described is entirely voluntary, but we do have other periodic examinations within our medical program that are compulsory. For instance, all our dining-service people must be examined as required by municipal law. Our municipal law in Montreal requires that they be seen by a doctor as well as the nurse, therefore they go through a physical examination conducted by a doctor.

LEO GITMAN. I should like to raise a question. I hope that it will

prove embarrassing. These are quickly changing times from a social standpoint, and I think the following comment illustrates the point.

If, four or five years ago, the medical establishment had gone into any ghetto area and asked, "What do you think about the idea of our establishing store-front clinics here?" these would have been gladly accepted and enthusiastically encouraged.

Today, in this same geographic community, if one were to pose the same question, the answer would be markedly different. The response now is, "No, you keep the store-front clinic; I want the shiny building."

This story raises, I think, some very important considerations. As we look over the developments in the field, most innovations have been made to meet the needs of poor people. This attention is certainly needed, but does this not create a paradox? Many of us also prate about one class of medication for everybody. Are we, in truth, doing this, or are we setting up two kinds of medical-care systems: one for poor people, by necessity something developed along new lines, and another totally different but more traditional kind of health-delivery system for those who are able to pay for care.

I think that Dr. Estes is probably in a crucial spot, because he may be able to answer the question about the acceptance of his physician's assistant by the medical profession. In this case we might be going in the right direction of one class of medicine for the entire population.

DR. ESTES. We have, Dr. Gitman, studied the acceptance of the physician's assistant in our locality. There have been no instances of rejection of this type of individual by patients. On the other hand, the acceptance by patients can be rated as low, middle, or high.

In looking at the variables that correlate with the degree of acceptance, age is found to be one of the important variables. The older patient is less able to accept a new person in this role. Another important variable is the economic status of the patient. The lowest and highest income groups were less receptive of this individual than the group in the middle. The reasons for the lessened acceptance at each end of the scale were different. At the lower end of the scale, the individual seemed to feel that because he was poor he was receiving the services of a less trained person. At the other end of the scale, the more affluent person felt that he was paying for the best and resented that he had to accept the services of an assistant.

There is also a third significant variable. This involves the degree of understanding of the role of the assistant. Those who understand his role accept him more readily. Our experience indicates that the patient must clearly understand the role of the physician's assistant: the fact that the physician's assistant is indeed an assistant to the physician, that they share information about the patient. This is most important.

We have introduced the physician's assistant into a middle class fee-for-service practice setting in our area, and the acceptance in this group has been quite good. It is our objective to introduce this innovation into all economic levels simultaneously.

DR. WARSHAW. I have a question for Mrs. Guida. Those of us who are dealing with patients, doctors, and nurses are constantly facing the problem of the patient who wants to talk and talk and talk. Surely you have encountered such patients. How is this dealt with in your clinic? How do you give them an opportunity to vocalize? Do you have someone specially assigned to do the listening? What happens?

MRS. GUIDA. This is a problem that has confronted us. Fortunately, as described by Dr. Gitman this morning, our time is not so rigidly allocated that there is no leeway for deviation. We do have personnel in the questionnaire area who have the time for extra attention. Also, in the "undressed" area, there is a small waiting area with personnel nearby, so that the patient has an opportunity to speak. If a problem arises which cannot be handled by these staff members, then one of the executive staff can be called. People are listened to, and we feel that this is important.

DR. ESTES. Are there other questions?

WILLIAM LLOYD. I wanted to ask Dr. Estes an extension of an earlier question. Do you see the physician's assistant as developing a role, not only as a gatherer of data, but in forming the synthesis that is required for diagnosis and ultimately for initiating treatment?

DR. ESTES. At this moment we are training the assistant as a dependent person, who operates under the authority and under the decision-making authority of the physician.

We may want him to make what I call first-level decisions. We are asking him to do this already. If a patient comes in with a sore throat and fever, the assistant should make the decision to get a throat culture, a white count, and to assemble the rest of the relevant data before he

asks the physician to see the patient. This I call a first-order decision. The assistant does not decide how this patient should be treated but he does make the decision to gather the necessary data so that the physician will not have to delay his decision.

I am certain in my own mind that we must eventually develop in some institution in the medical-care system a category of semi-independent people. At the present moment some varieties are being developed. Nurse-practitioners, for instance, are being trained in the Kentucky Frontier Service and in Labrador.

MISS BROGAN. Dr. Estes, it interests me to hear about the medical assistant. To my knowledge, we do not have them in Canada as yet. Why have you chosen to train these people rather than give nurses such training? It would seem to me that the nurse has some of this training already, and it would be easier to bring her along to the point at which you are using the medical assistant. Do you pay them more than nurses, or less?

DR. ESTES. I shall answer your questions in order. Why do we not choose the nurse as our source of manpower rather than former corpsmen from the armed services? The answer is that we do not have enough nurses to meet current needs. To steal from this depleted category and train them to a largely new set of skills does not seem to be very wise.

We have also found that we must train the nurse further for this job anyway. There is a large area of information needed for nursing training and this new category of assistants for the physician requires specific training by physicians.

There are certainly some advantages in choosing nurses. They have a traditional role in health-care. They are intelligent people, and they know the vocabulary. They know the significance of tests and procedures, and thus one starts with a person who knows a great deal already.

But weighing all these things in the balance convinced us that we should start with a new type of personnel; we should utilize another source of manpower that is already in short supply.

May I point out that 30,000 men a year are discharged from the armed services with at least one year of training in a medical area. In returning to civilian life these people do not have a defined occupation into which they can fit. Thus a ready manpower pool already exists

for additional personnel that thus far has not been fully utilized.

What is their hierarchical rank in the health-care field? I refuse to answer the last question because we are comparing entirely distinct categories. We do not put them in the same hierarchical grouping. Do they earn more or less than nurses? The pay depends on the individual physician employer. In our medical center we pay the beginning physician's assistant almost the same salary as we pay the beginning nurse, but the physician assistant works longer hours. He works a 50-hour week instead of a 40-hour week.

We turn out very few physician's assistants and they are in such demand outside the hospital that their salaries are somewhat above that of nurses. They are being placed at salaries of roughly $10,000 a year, about $2,000 a year more than a beginning nurse. Thus you see that we are being outbid for our graduates, which is as it should be. They are needed in the community more urgently than in the medical center.

WILLIAM A. BAUMAN. I should like to comment on Dr. Warshaw's statement about "assembly-line medicine." It was not a slip; it was meant to provoke the response which it received. I still remember my experience as an army recruit many years ago. I am sure that I should not have glorified the physical examination with an expression as nice as "assembly-line medicine."